

PROOF OF CLAIM

Name of Debtor Debit Corporation of America, Inc.		Case Number 04-14360 - BKC - AJC		IMPORTANT: THIS CLAIM FORM SHOULD ONLY BE USED BY THE CREDITOR WHOSE NAME IS PRINTED ON THIS CLAIM FORM. MAY 28 04 U.S. DIST. OF FLA.
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))				
Name of Creditor (The person or other entity to whom the debtor owes money or property): Anthony Allen Name and Address where notices should be sent: Anthony Allen 8031 E Market St Suite B Warren OH 44484-2200 Telephone Number: 330-856-2887		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#):		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____		
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other SALES SYSTEM PURCHASED FOR \$5000.		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: XXX-XX-_____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred:		3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ _____ + _____ + _____ = _____ (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total) Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 5,000.- Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input checked="" type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.		
6. Unsecured Nonpriority Claim \$ 5,000.- <input checked="" type="checkbox"/> (Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.				
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.				THIS SPACE IS FOR COURT USE ONLY
9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)				
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.				
Date 5-25-04	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): 			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.				

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021
Phone: (954) 981-4447 • Fax: (954) 981-4421
Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 003728 3805
County MAHONING TRUMBULL

Purchaser's Name ANTHONY W. ALLEN Date 6-30-03
Purchaser's Address 8031 E. MARKET ST. SUITE B.
City WARREN State OH. Zip 44484
Home Phone 330-856-2231 Business Phone 330-856-2882

No. of Sales
Systems to ship: 1

Face Value of Prepaid MasterCard \$1500.-
Activation Certificates to ship: ~~\$2000.-~~ AWA

Purchase Price Sales Systems	\$ <u>4500.-</u> AWA
Purchase Price of Additional Items	\$ <u>N/C</u>
Total	\$ <u>4500.-</u> AWA <u>\$5000.-</u>
Sales Tax (FL Residents Only)	\$ <u>N/C.</u>
Amount Paid	\$ <u>4500.-</u> AWA <u>\$5000.-</u>

~~SENDING BANK WIRE FOR \$1500.-~~
Special Provisions PURCHASER CAN BUY ADDITIONAL SALES SYSTEMS
AT \$1000.00 EA, WHICH INCLUDES SHIPPING, HANDLING & LOGISTICS
SENDING DEPOSIT \$2000.- CASHIER'S CHECK AND CHECK #
1550 FOR \$3000.- TO BE HELD UNTIL 7-20-03 OR BEFORE

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

ACCEPTED AND APPROVED

By: [Signature] By: Anthony W. Allen
COMPANY OFFICER BUYER

AIN # BO2403

I have read and agree to the Terms and
Conditions on the back of this Purchase Order.